Work Order ID 63368

Thursday, October 28, 2010 10:02:07 AM

Item ID: D3595-063-395 **Accept** **Setup Start** **Stop**

Revision ID:

Item Name: RUBBER CUSHION

Start Date: 10/28/2010 **Start Qty:** 40.00 **Cust Item ID:**

Required Date: 11/18/2010 **Req'd Qty:** 40.00 **Customer:**

Reference:

Approvals: **Process Plan:** _____ **Date:** 10-10-28 **Tooling:** _____ **Date:** _____ **Run Start** **Stop**

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____

Draw Nbr	Revision Nbr
D3595	Rev. A

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
100	FLOW WATER JET	0.00							
Waterjet	**Memo**	0.00				B10-11-2			PTO
FLOW CNC Waterjet	1-Cut as per Dwg D3595 ☐Dwg Rev: A ☐Prog Rev: A ☐2-Deburr if necessary								
									77
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
QC	**Memo**	0.00				HB 10-11-2			
Quality Control									
120	QC8- Inspect parts - second check	0.00				Counter			
QC	**Memo**	0.00				77			
Quality Control									

S 10/11/02

Dart Aerospace Ltd

W/O: 63368	Perm CHG.	WORK ORDER CHANGES					
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector
10.11.02	100	ADD DWG NBR + REV TO ESTIMATE		10.11.03			

Part No: D3595-063-395 **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

H:\fFORMS\Quality Assurance\approved QA\NCRWO RevE

Work Order ID 63368

Thursday, October 28, 2010 10:02:07 AM

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Item Name: RUBBER CUSHION

Start Date: 10/28/2010 **Start Qty:** 40.00 **Cust Item ID:**

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Run Start **Stop**

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: X-tubes	0.00							
Packaging									
Packaging	**Memo**	0.00					10	11	02
140	QC21- Final Inspection - Work Order Release	0.00							
QC									
Quality Control	**Memo**	0.00					10/11/03		

MF 10-11-02

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

H:\fFORMS\Quality Assurance\approved QA\NCRWO RevE

Picklist Print

Thursday, October 28, 2010 10:02:11 AM

Work Order ID: 63368

Parent Item: D3595-063-395

Parent Item Name: RUBBER CUSHION

Start Date: 10/28/2010 **Required Date:** 11/18/2010

Start Qty: 40.00 **Required Qty:** 40.00

Comments:

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3595 Rubber Cushion (per sq ft)		Manufactured	No				sf	0.0000	0.0196	0.825263	1.6 HB 10-11-2		

MNE0805.125

103838

77

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

H:\fFORMS\Quality Assurance\approved QA\NCRWO RevE

DART AEROSPACE LTD	Work Order:	63368
Description: RUBBER CUSHION	Part Number:	3595-063-395
Inspection Dwg: D3595 , Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

[X] First Article [X] Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
.63	+/- .030	.619	✓		V IB 02	
3.95	+/- .030	3.950	✓		V	
.125	+/- .010	.130	✓		V	

Measured by:	IB
Date:	10-11-2

Audited by:	
Date:	10/11/02

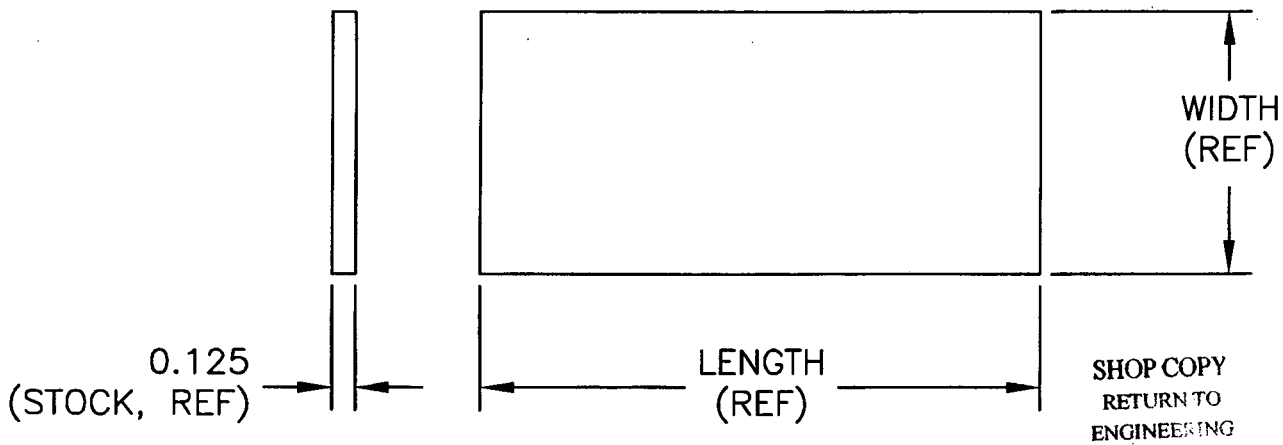
Prototype Approval:	
Date:	

Rev	Date	Change	Revised by	Approved
A		New Issue	KJ/JLM	

DESIGN	DRAWN BY	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
PH	PH		
CHECKED	APPROVED	DRAWING NO.	REV. A
		D3595	SHEET 1 OF 1
DATE		TITLE	SCALE
07.02.07		RUBBER CUSHION	NTS
A	07.02.07	NEW ISSUE	

RELEASED
07.02.14

SPECIFICATION CONTROL DRAWING



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 43348
PH 10-10-2d

SPECIFICATION: D3595–XXX–YYY RUBBER CUSHION

063 395

WIDTH — .063
LENGTH — 3.95

EG: 0.75"x4.30" RUBBER CUSHION = D3595–075–430

60

NOTES

1) MATERIAL: BLACK NEOPRENE SHEET, 0.125 THICK, 80 DUROMETER (REF DART SPEC. M–NE080–S.125)
2) FINISH: NONE
3) ALL DIMENSIONS ARE IN INCHES
4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
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Part No: _____ **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

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NOTE: Date & initial all entries